Exhibit 38

SUFFOLK COUNTY, NEW YORK

OFFICE OF THE MEDICAL EXAMINER

REPORT OF AUTOPSY

NAME Seymour Tankleff **ME #** 88-3281

ADDRESS 33 Seaside Drive, Belle Terre, N.Y.

AGE 62 yrs. **SEX** male **RACE** white **MARITAL STATUS** married

AUTOPSY PERFORMED BY Vernard I. Adams, M.D.

DATE October 7, 1988 **TIME** 10:30 a.m.

FINAL DIAGNOSES

1. Blunt Impact to Head 9-7-88
   a. Scalp Lacerations
   b. Open, Comminuted, Depressed Occipital Skull Fracture
   c. Laceration of Superior Sagittal Sinus (Anamnestic)
   d. Laceration and Contusion of Brain (Anamnestic)
   e. Right Subdural Hematoma (Anamnestic)
   f. Arterial Hypotension (Anamnestic)
   g. Brain Swelling and Coma (Anamnestic)
   h. Repair of Occipital Scalp, Skull and Brain Wounds 9-7-88 (Anamnestic)
   i. Evacuation of Subdural Hematoma 9-10-88 (Anamnestic)
   j. Secondary Brain Infarcts, Distributions of Right Middle Cerebral And Right Anterior Choroidal Arteries, Branches of Posterior Cerebral Arteries and Basilar Artery, and Parieto-occipital Border Zone Bilaterally
   k. Pneumonia, Treated and Resolved (Anamnestic)
   l. Tracheostomy and Feeding Jejunostomy 9-26-88 (Anamnestic)
   m. Esophageal Ulcer With Clinical Hemorrhage 10-6-88
2. Incised Wound Back of Neck
   a. Penetration of Neck Muscles
   b. Nicking of Spinous Process of C4 Vertebra
   c. Surgical Repair 9-7-88 (Anamnestic)
3. Incised Wound, Front of Neck (Anamnestic)
   a. Penetration of Thyroid Gland and Thyroid Cartilage (Anamnestic)
   b. Surgical Repair 9-7-88 (Anamnestic)
4. Hypertensive and Arteriosclerotic Heart Disease
5. Diabetes Mellitus (Anamnestic)

OPINION

Cause of Death: **BLUNT IMPACT HEAD TRAUMA AND INCISED WOUND OF NECK**

Manner of Death: **Homicide**
(Cut and bludgeoned by other person(s)).

1-13-89
Vernard I. Adams, M.D.

I HEREBY ATTEST TO THIS SIGNATURE AND CERTIFICATIONS

20-191: 10/86

OFFICE OF THE MEDICAL EXAMINER SUFFOLK COUNTY, N. Y.

SEYMOUR TANKLEFF CASE 3281

EXTERNAL EXAMINATION

The body is that of a 213 lb., 71" long, well developed, well nourished Caucasian man appearing the stated age of 62 years. Scalp hair is 1/4" long and white with a frontal balding. Irides are blue. Conjunctivae are slightly yellow. Facial hair consists of a 1/8" beard stubble. Teeth are natural and are in good repair. Green-brown liquid vomit material is in the mouth. The genitalia are those of a normally developed circumcised adult man with an absent right testis. The wrists have no scars. The body has no tattoos. The back has a 1/2" black seborrheic keratosis in the vicinity of the left shoulder blade. Each nipple has a small black seborrheic keratosis. The body has no evidence of recent injury except as noted.

The abdomen has several scars. A horizontal short tan scar is just below and to the right of the umbilicus. An oblique medium length white scar is in the right lower quadrant parallel to the inguinal fold. An irregular vertical white scar is in the anterior midline between the umbilicus and the pubic bone. The front of each thigh immediately below the inguinal ligament has a medium length white old scar oriented vertically. The right side of the scrotum has an old surgical scar.

THERAPY

A tracheostomy stoma is in the front of the neck. It is secured with a cloth tie around the back of the neck. No tubes are in the mouth or nose. The back of the left ear fold has a 1/8" red abrasion. A bandage on the right arm in the elbow area covers a needle mark and ecchymosis in the right antecubital fossa region. The left antecubital fossa has an ecchymosis. The abdomen in the left upper quadrant has a short horizontal sutured surgical incision with evidence of healing. Immediately below it and lateral to the umbilicus on the left side is a protruding catheter with an attached syringe. Internal examination reveals the catheter to be properly inserted in a loop of jejunum sutured to the abdominal wall. This arrangement constitutes a feeding jejunostomy. The back of the left hand has two crusted needle marks and a small ecchymosis. Two needle marks with ecchymoses involve the dorsum of the right foot. The right wrist has a white and blue hospital identification bracelet labelled "TANKLEFF, SEYMOUR, MR #180508". On the same wrist is a red and white plastic bracelet with the inscription "?PCN". The wrists and ankles have indented impressions correponding to previously removed ties. The sacrum has 4" x 2-1/2" irregular geographic shallow skin ulcer.

20-127: 6/81

The right side of the head has a healing 5-1/2" x 4" curved craniotomy incision; the sutures are out. Beneath it, involving the skull, are multiple half inch drill holes involving the skull. The left side of the scalp above the left temple region and behind the hairline has a 1-3/4" healing surgical incision with a few remaining sutures in the mid portion. Beneath it the skull has a 1/8" round drill hole. The back of the scalp has lacerations described below; several of the lacerations have punctate suture scars running along side them at regular intervals. The lacerations are healing and closed. Beneath the lacerations, and involving the region of skull fractures described below is a 3 x 3-1/4" zone of fracture comminution. Most of the bone in this region has been previously debrided out by surgeons, leaving only a 1-5/8" X 1-1/2" fracture piece superiorly.

INJURIES -EXTERNAL AND INTERNAL

I) BLUNT IMPACT HEAD TRAUMA

1. The back of the scalp situated above the level of the tops of the ears and below the vertex has a 5 x 4 x 3" zone of intersecting, healing, previously sutured lacerations. One set of lacerations forms an inverted V-shape with the greatest dimension of 4-1/4" along the obliquely oriented left side. On the right is a zigzag configuration involving a 1" line, a 1-3/4" line and a 3/4" line; this element of the wound complex is oriented obliquely with the lateral end lowermost on the right. At the apex of the inverted "V", a 3/4" healing closed laceration extends anteriorly. Several areas along these lacerations have residual areas of healing crust material.

Situated between the arms of the inverted V-shape complex described above is a 1-1/2" X 3/4" complex of intersecting lacerations. This complex involves a 1-1/2" oblique element, and oriented obliquely with the left end uppermost, a 3/4" horizontal element, and another 1-1/2" oblique element, oriented with the right end lower most. The overall shape of this complex bears a resemblance to a lower case "h".

The entire injury complex described in the previous two paragraphs is centered on the midline of the back of the head.

2. The soft tissues of the scalp beneath the healing lacerations are infiltrated with edematous brick-red extravasated blood.

3. The back of the skull beneath the lacerations has a zone of comminuted skull fractures measuring 3" from left to right and 3-3/4" in the vertical dimension. It is nearly centered at the junction of the sagittal suture and the lambdoidal sutures. The zone of comminution has been previously surgically debrided with most of the bone in this region now absent as noted above. At the superior aspect of this circumscribed region is a remaining 1-5/8" by 1-1/2" piece of comminuted bone with no patterned marks. Extending anteriorly and superiorly into the right parietal bone is a 4-1/4" linear non-displaced fracture which terminates beneath the right temporalis muscle. Extending from the 4 o'clock position of the previously debrided zone is a 3/4" fracture line which terminates at the lambdoidal suture on the right.

The space previously occupied by the debrided bone is filled with wet brick-red subdural clot.

4. The subdural clot posteriorly is localized and aggregates no more than an estimated 20 ml. The subdural spaces of the convexities have residual red blood clot, mostly on the right side and aggregating no more than 5 ml. It is not of a measurable thickness. It is adherent to the dura mater.

5. The brain has injuries which are described separately after fixation.

II) INCISED WOUND OF BACK OF NECK

1. The left side and the central part of the back of the neck have a 6-1/2" incised wound situated 8" below the top of the head. The wound consists of a gaping 2-3/4" wide x 2-1/2" high central portion oriented over the posterior midline, and a 3-1/2" extension laterally to the left, which is healed closed.

2. With release of the healing approximated margins on the left side of the wound, the wound is seen to be 2-1/4" deep and to involve the left levator scapulae muscle, both trapezius muscles, both splenius capitus muscles, both semispinalis capitus muscles, and the left semispinalis cervicis muscle. The deepest part of the wound path involves nicking of the interspinous muscle between the spinous processes of cervical vertebrae 3 and 4, and horizontal nicking of the spinous process of vertebral body 4. The left side of the wound has a well-defined lateral wall which meets the deep floor of the wound. In contrast, the right side of the floor of the wound ascends gradually to approach the skin surface.

Deep

3. The exposed subcutaneous fat and muscle in the central portion of the wound over the cervical spine has healing granulation tissue and a small zone, less than 1 cm in greatest dimension, of purulent material in the region of the spinous processes. No foreign material is in the depth of the wound.

4. Separately situated 1" below the inferior-most margin of the gaping part of the incised wound, is a 3/4" x 1/2" healing abrasion.

Having been described, the injuries will not be repeated.

INTERNAL EXAMINATION

HEAD

The scalp, skull and meninges are remarkable only as noted. The brain weighs 1300 grams and is fixed for subsequent description. There are no epidural blood accumulations.

NECK

The prevertebral fascia in the region of the left longus capitus muscle has a small brick-red blood extravasation. Other zones of blood extravasation involve the fascia of the left side of the neck anteriorly in a pattern consistent with medical therapy. The laryngeal cartilages, the hyoid bone, and the strap muscles of the neck have no injuries. The upper airways have normal thin mucosa interrupted by the tracheostomy site described above. The tracheostomy site does not appear infected. The tongue has no contusions or nodules.

BODY CAVITIES

Each chest cavity contains an estimated 50 ml of thin yellow liquid. The pericardial sac contains a small quantity of pink-tinged liquid. The pericardial serosa has no granularity and no needle punctures are apparent. The abdominal cavity has no accumulations of liquid. The pneumothorax test is negative bilaterally. The chambers of the heart and the great vessels of the chest are somewhat underfilled and contain clotted dark red blood.

CARDIOVASCULAR

The aorta has severe atherosclerosis with numerous confluent

plaque complications consisting mostly of plaque ulceration and loose shaggy thrombosis. The vena cava has no thrombi. The pulmonary trunk has no emboli. The heart weighs 500 grams. The epicardial surface is smooth and glistening. The coronary arteries arise normally and distribute in a right predominant fashion. The right coronary artery and the posterior descending artery have 60% obstruction by atherosclerotic plaque. The left main artery is patent. The left circumflex artery is of small caliber and has 90% obstruction by concentric long gray-yellow atherosclerotic plaques. The left anterior descending artery has 70% obstruction. The increased weight of the heart is accounted for by concentric left ventricular hypertropy. The left ventricle has mild subendocardial fibrosis in the lateral wall. It has no gross acute ischemic necrosis. The valves are thin and unremarkable.

RESPIRATORY

The left lung weighs 620 grams; the right weighs 790 grams. The pleural membranes are thin. The bronchial trees are occluded with thin green-brown vomit fouling which extends to distal bronchi. However, the cut surfaces of the lungs have no vomit staining of the alveoli. The weight of the lungs is accounted for moderate wet congestion with no evidence of bronchopneumonia. The pulmonary arteries have moderately severe atherosclerosis and no emboli.

LIVER, GALLBLADDER AND PANCREAS

The liver weighs 2720 grams. The capsule is thin. The cut surfaces are soft, tan-red and have no evidence of cirrhosis. The gallbladder has liquid bile and no stones. The hepatoduodenal ligament is unremarkable. The pancreas has normal, firm, tan, lobulated parenchyma.

HEMIC AND LYMPHATIC

The spleen weighs 410 grams. The capsule is thin and soft. Cut surfaces are soft maroon and otherwise unremarkable. The lymph nodes are not enlarged. The thymus gland is fat-replaced.

GENITOURINARY SYSTEM

The left kidney weighs 240 grams; the right weighs 100 grams. The cortical surfaces have numerous shallow broad scars and a granular surface otherwise. The cortices have no significant atrophy. The medullae are unremarkable. The kidneys have no stone disease and no dilatation. The prostate gland is of normal size and has no

nodules. The urinary bladder contains approximately 20 ml of urine and has no catheters.

ENDOCRINE ORGANS
The adrenal glands have pale gray, orange, lipid-depleted nonnodular cortices and gray medullae. The thyroid gland weighs an estimated 12 grams and has unremarkable tan parenchyma.

DIGESTIVE SYSTEM
The distal part of the esophagus has a 1 x 0.3 x 0.1 cm granular dark red raised blood clot within a vertical 7 x 2 cm zone of shallow mucosal ulceration. The stomach contains 250 ml of dark partially clotted black-green blood material and the small and large intestines combined contain 450 ml of altered blood clots. The stomach and the duodenum have no ulcers. The small and large intestines are otherwise unremarkable and have no evidence of ischemic change. The appendix vermiformis is absent.

MUSCULOSKELETAL SYSTEM
The spine, ribs, clavicle, sternum and pelvis have no fractures. The musculature of the neck, chest wall, diaphragm and pelvis is of normal red color and texture except as noted otherwise.

PERSONAL IDENTIFICATION
Shari Rother, residing at 21 Ficus Street, Port Jefferson, Station, N.Y., identified the body of Seymour Tankleff, by photograph, as that of her father to Vernard I. Adams, M.D. at the Office of the Medical Examiner, Hauppauge, New York on October 7, 1988 at 2:50 p.m.

POLICE IDENTIFICATION
P.O. James Crayne, Shield $3723, 6th Precinct, S.C.P.D. as first officer at the scene, identified the body of Seymour Tankleff, by photograph, to Fred Benanti, RPA-C. at the Office of the Medical Examiner, Hauppauge, New York on January 25, 1989, at 9:20 a.m.

OFFICE OF THE MEDICAL EXAMINER — SUFFOLK COUNTY, N. Y.

SEYMOUR TANKLEFF — CASE 3281

BRAIN AND SPINAL CORD AFTER FIXATION

GROSS EXAMINATION

The leptomeninges are thin with no fibrosis. The cranial nerves have no nodules. The cerebral arteries have minimal atherosclerosis. The brain is firm and only minimally swollen. The external surfaces have the following changes:

The left occipital pole has a 4 x 1-1/2 x 1-1/2 cm defect involving cortex and white matter. The right occipital pole has a 5 x 3 x 2 cm similar defect involving cortex and white matter. A thin subarachnoid hemorrhage involves the right Sylvian fissure. Localized zones of soft gray-brown necrosis involve the crests of gyri of the right cerebral convexity, including portions of the occipital, temporal and frontal lobes, mostly in the distribution of the right middle cerebral artery. The left convexity has a thin subarachnoid hemorrhage involving the frontal lobe in the region of the prefrontal gyrus. Rusty staining of the leptomeninges involves scattered areas of the left frontal aspect and the right frontal and parietal aspects. The cut surfaces have the following changes:

A hemorrhagic infarct involves the superior margin of the insular cortex on the right side, in the depths of the Sylvian fissure. A non-hemorrhagic extension of this infarct extends superiorly and anteriorly toward the sagittal midline. Extending from the hemorrhagic part of the infarct is an irregular tongue of hemorrhagic necrosis along the lateral aspect of the right temporal lobe. Extending anteriorly along the orbital cortex is a partly hemorrhagic, partly tan zone of necrosis laterally. This corresponds to the localized subarachnoid hemorrhage noted on external examination of the brain.

Extending superiorly and anteriorly from the defects of the occipital poles noted above, are irregular zones of cortical and white matter necrosis. These zones are mostly tan and opaque with stippled hyperemia. On the right side the necrosis becomes confluent with a insular infarct described in the previous paragraph.

Small, old, translucent, tan necroses, ranging up to 4 mm in greatest dimension involve the uncal cortex bilaterally, the right cingulate gyrus, the medial aspect of the right globus pallidus, both internal capsules medially, the midline of the pons bilaterally in a vertical pattern, and the ventral aspect of the left side of the medulla oblongata.

I HEREBY CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY

20-127: 6/81

OFFICE OF THE MEDICAL EXAMINER SUFFOLK COUNTY, N. Y.

SEYMOUR TANKLEFF CASE 3281

The left thalamus anteriorly has a 3 x 1 mm red hemorrhage.

The cut surfaces are not swollen and are not presently herniated. No recent or healing contusions are evident.

The external and cut surfaces are otherwise unremarkable.

MICROSCOPIC EXAMINATION (NEUROPATHOLOGIC)
Cerebrum, Basal Ganglia, Midbrain and Pons - Organizing infarcts.

Cerebellum- Unremarkable.

MICROSCOPIC EXAMINATION

Heart - Subendocardial fibrosis, lateral wall of left ventricle. Unremarkable section of ventricular muscular septum, His bundle, tricuspid valve and aortic valve. Coronary atherosclerosis.

Lungs - Refractile yellow-brown particles in bronchial lumens, with abundant neutrophil leukocytes and erythrocytes. No evidence of bronchopneumonia.

Liver - Centrilobular apoptosis without congestion.

Kidney - Arteriosclerosis and nephrosclerosis.

Adrenal Gland - Lipid depletion.

Burr Hole Skull - Fibro-osseous repair.

Esophagus - Deep peptic ulceration with necrosis of muscularis and adventitial fat, and acute and chronic inflammatory reaction.

2-21-89
Vernard I. Adams, M.D.

Transcribing typist: Terri Freda

I HEREBY [illegible]
IS A TRUE [illegible]

20-127: 6/81

DIVISION OF MEDICAL-LEGAL INVESTIGATIONS AND FORENSIC SCIENCES
SUFFOLK COUNTY, NEW YORK

TOXICOLOGIC REPORT

NAME TANKLEFF, SEYMOUR CHEMICAL NO. 1115-88 M.E.NO. 3281

DATE OF DEATH 10-6-88 LOCATION UNIVERSITY HOSPITAL

AUTOPSY BY DR. ADAMS AT SUFFOLK COUNTY MORGUE ON 10-7-88

ANALYSIS PERFORMED

SPECIMENS SUBMITTED LIVER, KIDNEY, HEART BLOOD, STOMACH CONTENTS

SPECIMENS USED FOR ANALYSIS

RESULTS

TOXICOLOGY NOT INDICATED (10-12-88)

DATE 10-17-88
BAK

CHIEF - TOXICOLOGY LABORATORY

I HEREBY [illegible]
IS A TRUE AND CORRECT COPY OF THE ORIGINAL